

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J31260

1. Entity Name

H-R MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

% WALTER GARY HARVEY JR.  
725 NORTH LAKE BOULEVARD #89  
ALTAMONTE SPRINGS FL 32701

% WALTER GARY HARVEY JR.  
725 NORTH LAKE BOULEVARD #89  
ALTAMONTE SPRINGS FL 32701-6733

2. Principal Place of Business

3. Mailing Address

725 S. NORTH LAKE BLVD

725 S. NORTH LAKE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#89

#89

City & State

City & State

ALTA SPGS. FLA.

ALTA SPGS. FL

Zip

Country

Zip

Country

32701

SEMINOLE

32701

SEMINOLE

4. FEI Number

59-2720981

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARVEY, WALTER GARY JR.  
725 NORTH LAKE BOULEVARD #89  
ALTAMONTE SPRINGS FL 32701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
HARVEY, WALTER GARY JR.  
725 NORTH LAKE BLVD #89  
ALTAMONTE SPGS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
HARVEY, WM GARY  
725 N.LAKE BLVD., #89  
ALTAMONTE SPGS. FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter Gary Harvey Jr.  
WALTER GARY HARVEY JR.  
PRESIDENT

FEB 2, 2000

Date

407-331-4943

Daytime Phone #

CR2E034 (9/99)